



Health Savings Account Change Form

FOR CHANGES TO ESTABLISHED HEALTH SAVINGS ACCOUNTS THROUGH ASI ONLY.
To set up a new HSA account you must enroll at a bank of your choice or wait until Open Enrollment.

1. _____
Employee Name (Last, First, MI) **Employee Number**

2. I authorize my employer to defer \$_____ from my biweekly paycheck.

This authorization will remain in force until termination of the OAP + HSA medical plan, employment or until canceled/changed by me in writing. (Enter the TOTAL amount you would like deducted per pay period).

3. Please indicate which type(s) of deferrals are included in the above amount:

- ☐ Normal Contribution (2016 individual limit \$3,350)
- ☐ Normal Contribution (2016 family limit \$6,750)
- ☐ Catch-up contributions (age 55 or older) :(2016 individual limit \$4,350)
- ☐ Catch-up contributions (age 55 or older) :(2016 family limit \$7,750)

4. HSA Contribution *Changes* will take effect the next pay period available following the date the change is signed and dated, unless a future date is indicated below.

Future Date of Deferral Change: _____

5. _____
Participant's Signature **Date**

6. Send completed form to: **City of Scottsdale Human Resources Department, Mail Code: NCYHR**

HR Use Only:

EE enrolled in

☐ Individual Plan ☐ Child/Spouse/Family Plan